
PRELIMINARY DRAFT
No. 3269

PREPARED BY
LEGISLATIVE SERVICES AGENCY
2009 GENERAL ASSEMBLY

DIGEST

Citations Affected: IC 12-17.6-4-2.

Synopsis: Coverage of mental health services under CHIP. Specifies mental health services that must be covered under the children's health insurance program (CHIP).

Effective: July 1, 2009.



A BILL FOR AN ACT to amend the Indiana Code concerning human services.

Be it enacted by the General Assembly of the State of Indiana:

1 SECTION 1. IC 12-17.6-4-2 IS AMENDED TO READ AS
2 FOLLOWS [EFFECTIVE JULY 1, 2009]: Sec. 2. (a) The benefit
3 package provided under the program shall focus on age appropriate
4 preventive, primary, and acute care services.

5 (b) The office shall offer health insurance coverage for the following
6 basic services:

- 7 (1) Inpatient and outpatient hospital services.
- 8 (2) Physicians' services provided by a physician (as defined in 42
9 U.S.C. 1395x(r)).
- 10 (3) Laboratory and x-ray services.
- 11 (4) Well-baby and well-child care, including:
 - 12 (A) age appropriate immunizations; and
 - 13 (B) periodic screening, diagnosis, and treatment services
14 according to a schedule developed by the office.

15 The office may offer services in addition to those listed in this
16 subsection if appropriations to the program exist to pay for the
17 additional services.

18 (c) The office shall offer health insurance coverage for the following
19 additional services if the coverage for the services has an actuarial
20 value equal to or greater than the actuarial value of the services
21 provided by the benchmark program determined by the children's
22 health policy board established by IC 4-23-27-2:

- 23 (1) Prescription drugs.
- 24 (2) Mental health services.
- 25 (3) Vision services.
- 26 (4) Hearing services.
- 27 (5) Dental services.

28 (d) Notwithstanding subsections (b) and (c), the office may not
29 impose treatment limitations or financial requirements on the coverage
30 of services for a mental illness if similar treatment limitations or
31 financial requirements are not imposed on coverage for services for



1 other illnesses. Coverage for mental illness under the program must
2 include the following:

3 (1) Inpatient mental health services and substance abuse
4 services provided in an institution that:

5 (A) treats mental disease; and

6 (B) has more than sixteen (16) beds;

7 unless coverage is prohibited by federal law.

8 (2) Psychiatric residential treatment services.

9 (3) Community mental health rehabilitation services.

10 (4) Unlimited outpatient mental health services and substance
11 abuse services.

12 However, the office may require prior authorization for the
13 services specified in subdivision (4).

